

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on April 21, 2003.

I. DISPUTE

Whether there should be reimbursement for CPT codes 99213-MP, 99213 and L0515 for dates of service 6/7/02 through 7/29/02.

II. RATIONALE

EOBs were not submitted by either party. Therefore, this dispute will be reviewed as a general fee dispute.

- CPT Code 99213-MP for dates of service 6/7/02 and 7/5/02. Per the 1996 Medical Fee Guideline (MFG), Medicine Ground Rule (MGR) (I)(B)(1)(b) submitted treatment notes support services were rendered as billed. Reimbursement in the amount of \$96.00 (\$48.002 x 2) is recommended.
- CPT Code 99213 for dates of service 7/24/02 and 7/29/02. Per the 1996 MFG/MGR (I)(A)(4) if treatment by the HCP is to be continued, re-examination by the treating doctor shall occur at least monthly. Reimbursement not recommended.
- HCPCS Code L0515 for date of service 7/24/02. Per the 1996 MFG/DME Ground Rules (VIII) & (IX)(C) treatment notes support a brace was given to claimant for stabilization and immobilization of the lumbar back. Per the 1991 MFG the reimbursement amount for a lumbar brace is \$49.95. The requestor seeks reimbursement in the amount of \$49.00; therefore, reimbursement in the amount of \$49.00 is recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT codes 99213-MP, 99213 and L0515 in the amount of \$145.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$145.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 15th day of January 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division
MF/mf